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SUBMITTED BY				. Con	mplete (if applicable)
Name (Print/Type)	Joel G Ackerman	Registration No. (Attomey/Agent)	24,307	Telephone	415-576-0200
Signature				Date	12/06/02

Other fee (specify)

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\*\* Reissue independent claims

over original patent \*\* Reissue claims in excess of 20 and over original patent

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\*\*or number previously paid, if greater; For Reissues, see above

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TDANCAUTTAL		Application Number	09/432,881		
TRANSMITTAL		Filing Dat	November 2, 1999		
FORM		First Named Inv ntor	Markey, Micheline		
(to be used for all correspondence after in	nitial filing)	Group Art Unit			
		Examiner Name	Nguyen, H.		
otal Number of Pages in This Submission	8	Attorney Docket Number	015662-000900US		
	ENCL	OSURES (check all that apply)			
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SF 1413012 v1



Attorney Docket No.: 01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

MICHELINE MARKEY et al.

Application No.: 09/432,881

Filed: November 2, 1999

PHARMACOLOGICAL For:

> INDUCEMENT OF THE FED MODE FOR ENHANCED DRUG

ADMINISTRATION TO THE

STOMACH

Examiner:

Nguyen, H.

Art Unit:

1617

REQUEST FOR CONTINUED **EXAMINATION EXAMINING GROUP 1617** 

**Box AF** 

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

In response to the Final Office Action mailed May 23, 2002, Applicants hereby request continued examination of this Application on the basis of the comments herein and the attached materials.

In response to previous comments of the examiner, Applicants acknowledge that the claims under examination in this application are composition claims rather than method claims. Nonetheless, the composition as recited in the instant claims is indeed distinct from the compositions of the references, and from any composition that might be suggested by the references in combination, even if such combination were proper. The limitations of Applicants' claims that are not met by the references are the recitation in claim 1 that the fed mode inducing agent is combined with a solid matrix that releases a drug when the matrix is in the stomach and that is large enough when in the stomach to promote gastric retention during the fed mode.

Acharya et al. contains disclosures relating to controlled release formulations of active ingredients in general, and to a specific type of such formulation in particular. However, the effective disclosure of Acharya et al. – the information that would be regarded as credible by those skilled in the art – relates to controlled release formulations that are designed for use in connection-with-mucous-membranes of the body.

The most specific type of dosage form that is disclosed and is highly emphasized by Acharya et al. is one that is specifically formulated and configured for drug delivery in the mouth. The component in the Acharya et al. dosage form that controls the situs and manner of drug release is calcium polycarbophil, which is a bioadhesive typically used in vaginal products because of its tendency to adhere to the vaginal wall. As known in the art, polycarbophil adheres to mucous membranes in general. To corroborate this, Applicants submit the accompanying materials, downloaded from the Internet, that discuss polycarbophil and how it functions in the products currently on the market in which it is used. The examiner is requested to make these materials of record. The pertinent disclosures in these materials are as follows:

The literature on *Replens* Vaginal Moisturizer downloaded from the Yahoo Shopping website explains that polycarbophil "adheres to the epithelial cells lining the vaginal walls and ... is detached only upon the shedding of the outer layer of cells or mucin, a normal healthy process which occurs every 2 or 3 days."

The literature on Progesterone bioadhesive vaginal gel downloaded from Columbia Laboratories' website states that "Polycarbophil was designed to mimic negatively charged mucin, the glycoprotein component of mucous [sic, mucus] which is responsible for the attachment of mucus to underlying epithelial surfaces."

Carbophil performs that same function in the dosage form disclosed by Acharya et al. except that the mucous membrane in Acharya et al. is the inside of the

mouth rather than vaginal tissue. The dosage form is placed in the mouth for oral, gingival, or buccal delivery of the drug, this localized delivery being the result of the adherence of the polycarbophil to the oral, gingival, or buccal areas for an extended period of time (see column 3, lines 38-42). Further confirmation by Acharya et al. that the dosage form is one that remains in the mouth are found at column 7, lines 14-17, in the statement: "Most preferably, the shape of the polycarbophil follows the natural" contour of the mouth ...," and at lines 31-33, in the statement: "While so present the hydrated polycarbophil acts to humidify the mouth, while in some instances also stimulating saliva production." All of these effects are achieved as a result of the retention of the dosage form in the mouth. Thus, the drugs that are disclosed in Acharya et al. are not "retained in a solid matrix in a manner causing release of said drug from said solid matrix when said solid matrix is in the stomach ...", as required by the present claims. Instead, they are retained in a solid matrix in a manner causing release of the drugs in the mouth, or alternatively, another mucous membrane – but not the stomach. This is a difference in the matrix itself, specifically in its composition, not in the manner. in which the matrix is used. There is no suggestion that any of the drugs listed by Acharya et al. would serve any purpose in a matrix that releases the drug in the stomach rather than in the mouth.

Combining the Acharya et al. disclosure with that of Shell amounts to considering a dosage form that is specifically designed to remain in the stomach together with one specifically designed to remain in the mouth. The two references disclose controlled release formulations for different applications. Each type of formulation has specific characteristics that make it suitable for use in those applications. It is neither logical nor likely that one skilled in the art would take ingredients from one formulation and transfer them to the other with the expectation that their usefulness or the function served by their presence in the mouth or another mucous membrane would be the same in the stomach. Accordingly, the combination of Shell and Acharya et al. does not lead one

skilled in the art to include docusate, or any of the drugs disclosed by Acharya et al. in a gastric-retentive dosage form such as that disclosed by Shell.

As previously noted, the Sewester et al. disclosure describes docusate as a fecal softener, a function that is served in the colon. Acharya et al. themselves state that it is a laxative. For effective use in a controlled release formulation, a laxative should be formulated so as to be released in the colon. That, for instance, may be the reason for the mention in Acharya et al. of formulations that are a suppository (col. 5 line 34).

However, release of sodium docusate [or another fed mode inducer] into the colon would not produce the desired fed mode inducing effect in the claimed compositions. In order for the fed mode inducer of the claimed compositions to be effective as such, it must be released into the region extending from the stomach through the duodenum to the upper part of the small intestine [see the specification, at p.19 lines 19-21].

As in the case of Acharya et al., Sewester et al. do not suggest the inclusion of a fecal softener in a controlled release dosage form that releases the docusate anywhere other than in the colon. Combining Sewester et al. with the other two references amounts to considering a fecal softener that is specifically designed to act in the colon in combination with a dosage form that is specifically designed to deliver drugs to the stomach (Shell) where the docusate will not serve its known function, and also with a dosage form that is specifically designed to act in the mouth or other mucous membranes (Acharya et al.) and not in the stomach.

The only common ground among these references is that the active ingredients are biologically active and that the formulations of Acharya et al. and Shell are designed for controlled release. Aside from that, the disclosures are in direct contradiction to each other since each is focused on a distinct and different portion of the gastrointestinal tract and the results achieved are specifically intended to occur only in those portions of the tract. There is no suggestion or motivation in any of the references to take a biologically active ingredient from a dosage form that restricts delivery of the

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active to the mouth and place it in a dosage form for delivery into the region extending from the stomach through the duodenum to the upper part of the small intestine, or to take a specific biologically active ingredient that is known for its action in the colon (docusate) and place it in a dosage form for delivery to that region.

For these reasons, the combination of these references is not appropriate and does not render obvious the invention recited in Applicants' claims. Accordingly, reconsideration and allowance is respectfully requested.

Applicants also wish to point out that the election by Applicants in Paper No. 7 of docusate as a single disclosed species was a provisional election in accordance with MPEP 803.02 for the examiner to use as a starting point for a search. Since for the reasons explained above the generic claim to the extent of its coverage of docusate is allowable over the prior art, the search and examination should now be extended to include the remaining non-elected species.

Should any matters remain that can be resolved by a conference, the examiner is encouraged to telephone the undersigned at 415-576-0200.

Respectfully submitted,

Joel G. Ackerman Reg. No. 24,307

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